



Section A

Required Client Information:

Company: USS Corporation
Address: P.O. Box 417
Mt. Iron, MN 55768
Phone: _____ Fax: _____
Requested Due Date: _____

Section B

Required Project Information:

Report To: Tom Moe
Copy To: _____
Purchase Order #: _____
Project Name: NPDES-TB Wk1
Project #: _____

Section C

Invoice Information:

Attention: _____
Company Name: _____
Address: _____
Pace Quote: _____
Pace Project Manager: heather.zike@paceelabs.com
Pace Profile #: _____

CHAIN-OF-CUSTODY / Analytical Request
The Chain-of-Custody is a LEGAL DOCUMENT. All relevant file

MO#: 1290913

PM: MFM

Due Date: 07/19/17

CLIENT: USS CORP

Regulatory Agency

State / Location

Requested Analysis Filtered (Y/N)

Residual Chlorine (Y/N)

MATRIX CODE (see valid codes to left)

SAMPLE TYPE (G=GRAB C=COMP)

COLLECTED			
START		END	
DATE	TIME	DATE	TIME

SAMPLE TEMP AT COLLECTION

OF CONTAINERS

Unpreserved

H2SO4

HNO3

HCl

NaOH

Na2S2O3

Methanol

Other

Analyses Test

TSS, SO4

TRPH 1664

X

X

MATRIX

Drinking Water

Water

Waste Water

Product

Oil

Soil/Solid

Wipe

Air

Other

Tissue

TS

CODE

DM

WT

WW

P

SL

CL

WP

AG

OT

TS

WT


7-577

11:30

7-577

11:30

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	Document Name: Sample Condition Upon Receipt Form	Document Revised: 15Mar2016 Page 1 of 1
	Document No.: F-VM-C-001-Rev.10	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition
Upon Receipt**

Client Name:

USS Corp

Project #:

WO#: 1290913

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

PM: MMW Due Date: 07/19/17
 CLIENT: USS CORP

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☐ No Optional: Proj. Due Date: Proj. Name:

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other: _____ Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun

Cooler Temp Read °C: *4.7* Cooler Temp Corrected °C: *5.0* Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA
 Temp should be above freezing to 6°C Correction Factor: *10.3* Date and Initials of Person Examining Contents: *7/5/17 HZ*

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5. If Fecal: <input type="checkbox"/> <8 hours <input type="checkbox"/> >8, <24 hours <input type="checkbox"/> >24 hours
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <i>WT</i>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Melissa Woods

Date:

7/6/17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)